

## Appendix 1

### Wisconsin Medicaid-Allowable Family Planning Procedure Codes and Descriptions

Evaluation and Management Services	Procedure Codes	Type of Service (TOS)
Office or Other Outpatient Services	99201-99215	9
Preventive Medicine Services	99384-99387, 99394-99397	1

Medicine Services	Procedure Codes	TOS
Immune Globulins	90384-90386	1
Intramuscular injection of antibiotic	90788	1
Cardiovascular	93000	B
	93010	W
Special Services, Procedures and Reports	99000	9

Surgery Services	Procedure Codes	TOS
Contraceptive implants	11975-11976	2, 8
	11977	2
Male Genital System	54050	2
	55250*	2, 7, 8
	55450*	2, 8
Female Genital System	56440, 56501, 56605, 56606, 57061, 57170, 57452	2
	57454	2, 8
	57500	2
	58100-58120	2, 7, 8
	58300-58301	7, 9
	58600*, 58605*, 58615*	2, 7, 8
	59000	2
	59840-59851**	2, 7, 8

Radiology Services	Procedure Codes	TOS
Chest	71010-71022, 71030-71035	4, Q, U
Spine and pelvis	72170, 72190, 72200, 72202	4, Q, U
Abdomen	74000-74020	4, Q, U
Gynecological and obstetrical	74710	4, Q, U
Veins and lymphatics	76078	4
	76090, 76091	4, Q, U
Abdomen and retroperitoneum	76705	4, Q, U

\* Requires Sterilization Informed Consent form. Refer to Appendices 6 and 7.

\*\* There are limitations to these services. Refer to "Abortions" under "Surgery Services" in the Covered Services chapter of this handbook.

## Appendix 1 (Continued)

Supplies	Procedure Codes	TOS
Injection, ceftriaxone sodium, (Rocephin), per 250 mg	J0696	1
Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	J1055	1
Depo-medroxyprogesterone, 150 mg	W6117	9
Intrauterine device, progesterone	W6200	9
Intrauterine copper contraceptive	J7300	9
Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	J7302	
Diaphragm	W6201	9
Jellies, creams, foams	W6202	9
Suppositories (per 1)	W6203	9
Sponges (per 1)	W6204	9
Condoms (per 1)	W6205	9
Natural family planning supplies	W6206	9
Oral contraceptives	W6207	9
Female condom	W6208	9
Cervical cap	W6209	9
Mifepristone, oral, 200 mg	S0190**	1
Misoprostol, oral, 200 mcg	S0191**	1
Norplant	11975	9

Other Services	Procedure Codes	TOS
Family planning pharmacy visit including oral contraceptives	W6210	9
Initial visit, non-comprehensive	W6211	9
Annual visit, non-comprehensive	W6212	9

\*\* There are limitations to these services. Refer to "Coverage of Mifeprex" in the Covered Services chapter of this handbook.